FORMAT FOR DETAILS OF AAPDA MITRA COMMUNITY VOLUNTEERS

(to be ensured by Respective Regional Centers and DDMA)

| | Personal Information | | | | | | | | | | | |
|------------|------------------------|------|----------------|--------|------------------|-----|--------------|--------------------------|-------------------|---|--|--|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | | |
| SI. No. | Name Title (Mr/Ms.) | Name | Blood Group | Gender | Mobile Number | DOB | e-Mail ID | Aadhar Card Number | Martial Status | Contact No. of family, in case of Emergency | | |
| | | | | | | | | | | | | |

| Educat | | & Professional erience | Address | | | | | | | |
|------------------------------|---------|--|------------|---------------|--------------------|--------------|-----------------|--------------|--|--|
| 12 | 2 13 14 | | 15 | 16 | 17 18 | | 19 | 20 | | |
| Educational Qualification | Skills | Specify whether NCC/NYKS/NSS/CD/HG, Ex Servicemen or other | State Name | District Name | Block/Ward Name | Village Name | Home Address | Postal Codes | | |
| | | | | | | | | | | |

| | Trair | ning Status | | Emergency Response Kit Status | Insurance Coverage Status | | Details of Nominee | | |
|--------------------------|--|-----------------------------------|----------------------------------|--|------------------------------|---|-----------------------|------|--------------|
| 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 |
| Training Batch No. | Date of Commencement of Training | Date of Completion Training | Name of Training Institute | Training Module, I- Card & Certificate received (Y/N) | Received/ Not Received | Date of Commencement of Insurance Policy | Policy No. | Name | Relationship |
| | | | | | | | | | |

TRAINING SCHEDULE DETAILS

(to be ensured by Respective Regional Centers)

| Sr. No. | State | District | Name of Training Institutes | Training Batch No. | Total No. of Volunteers to be trained | No. of female Volunteers | Commencing Date | Completion Date | No. of Days | Remarks |
|---------|-------|----------|-----------------------------------|--------------------------|---|--------------------------------|--------------------|--------------------|----------------|---------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| | | | | | | | | | | |